Childhood Mental Health Disorders: Intellectual Disability and ADHD

For CHO/SN






LEARNING OBJECTIVES

•To get an overview of mental health disorders in children and adolescents.

•To be able to screen for the disorders mentioned above using the Community Informant Decision Tool (CIDT) for behavioural problems.

•To know when and to whom to refer children and adolescents with mental health disorders.

CASE 1

Rini is a 4-year-old girl in lower KG. Her teacher complains to her mother that she is not responding to her questions in class, does not follow her instructions and is unable to tell her when she needs something. Rini's mother tries to explain to the teacher that although Rini is slow, she will pick up one day. She says that she took longer to sit, crawl and stand as well. However, Rini's teacher thinks that she needs to see a doctor or specialist.

What do you think?

CASE 2

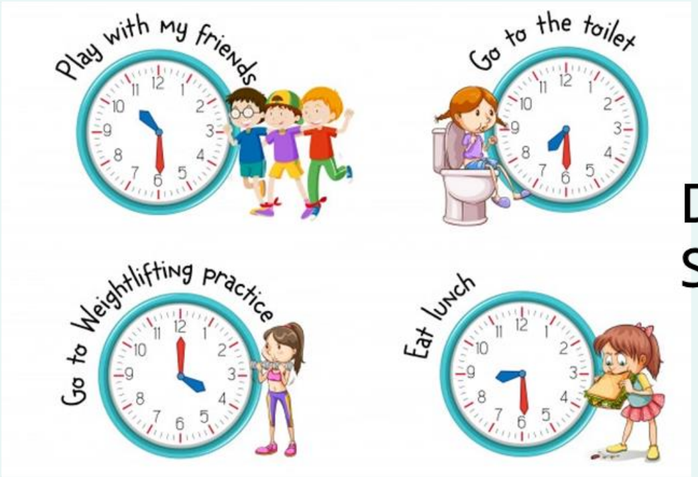
Raju is a 10-year-old boy in 5th standard. He is a bright student, and his teachers are all praise for him. However, at home he is troubles his parents non-stop. He doesn't sit in one place, doesn't obey his mother and is always jumping or playing something. His mother is tired and thinks that something is wrong with him. She wants to take him to a doctor.

What do you think?

INTELLECTUAL DEVELOPMENT DISABILITY

Neurodevelopmental disorder

Intellectual functioning



Daily activities
Social skills

INTELLECTUAL DEVELOPMENT DISABILITY

•Intellectual Disability is a state of developmental disability that begins in childhood and results in significant difficulties for performing activities of everyday life.

•Can affect any family, irrespective of caste, creed, race or religion.

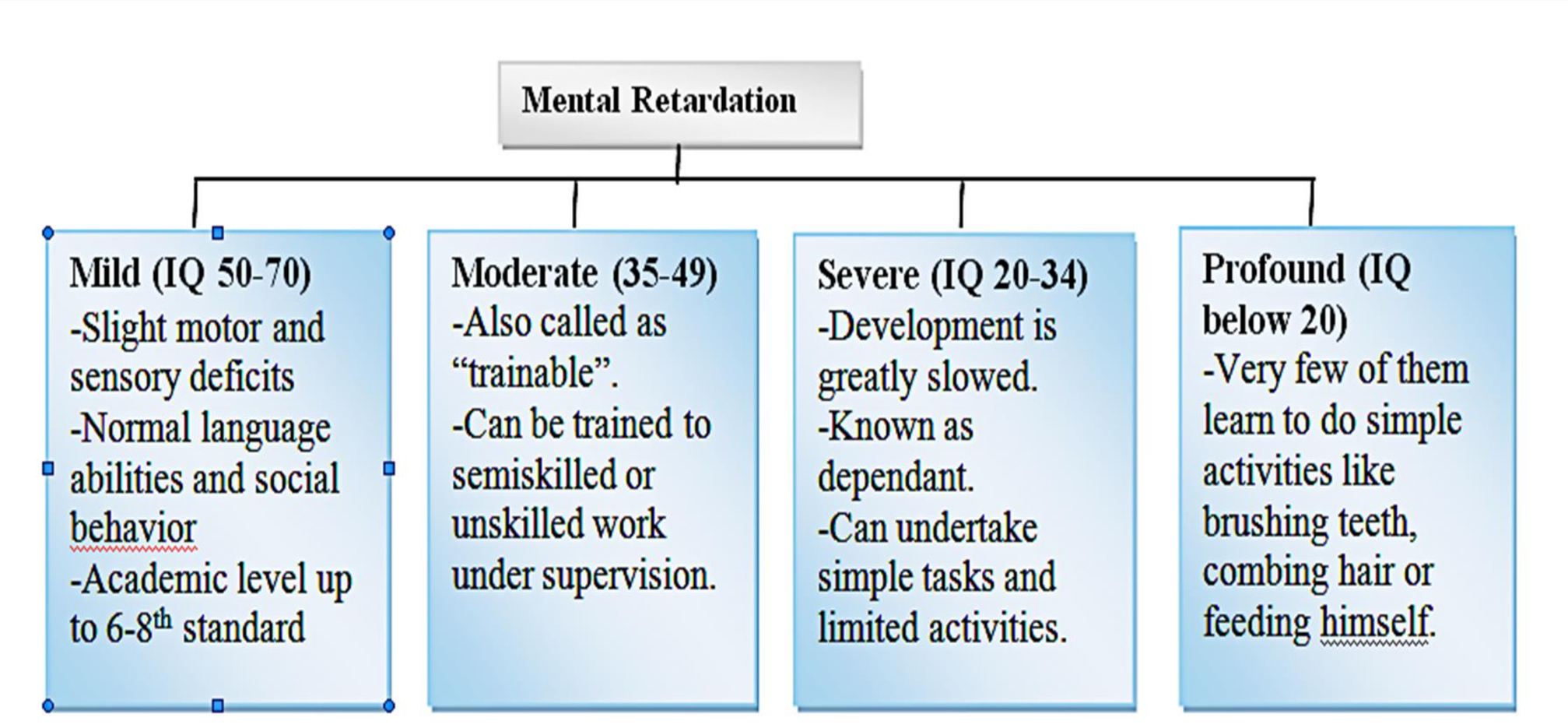
•It is characterized below-average intelligence and difficulty in age-appropriate functioning since childhood.

- Starts before age 18.
- Earlier called mental retardation – discriminatory.
- Most common developmental disorder - 3% of world.
- 5 out of 1000 in India.
- More boys than girls affected.
- Death rate is high because of other disabilities (heart, brain, lungs, etc.)
- Exact cause not known – certain biopsychosocial factors can influence.

CAUSES OF INTELLECTUAL DISABILITIES

PRENATAL CAUSES	PERINATAL CAUSES	POSTNATAL CAUSES
1. Chromosomal Disorders 2. Inborn Errors of Metabolism 3. Developmental Disorders of Brain Formation 4. Environmental Influences	1. Anoxia (complete deprivation of oxygen) 2. Low birth weight (LBW) 3. Syphilis and herpes simplex	1. Biological 2. Psychosocial 3. Child Abuse and Neglect

CLASSIFICATION – BASED ON THE IQ



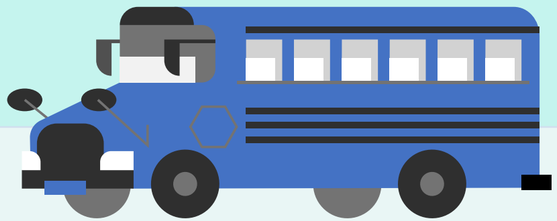
RISK FACTORS OF DEVELOPING INTELLECTUAL DISABILITIES

Before birth of a child	• Infections, placental dysfunction, hormonal disturbances, exposure to certain drugs, radiation or nutritional deficiencies during pregnancy
During delivery	• Prolonged labour or obstructed labour, prematurity, lack of respiration immediately after birth, instrumental delivery, low birth weight
After delivery	• Injury, malnutrition, infection, etc
Other factors	• Chromosomal abnormalities (Down's syndrome), metabolic disorders, etc.
Other co-morbidities	• Epilepsy, hyperactivity, mood disorders, personality disorders, autism, and sensory problems like difficulty in hearing or vision

FEATURES OF IDD

Intellectual functioning

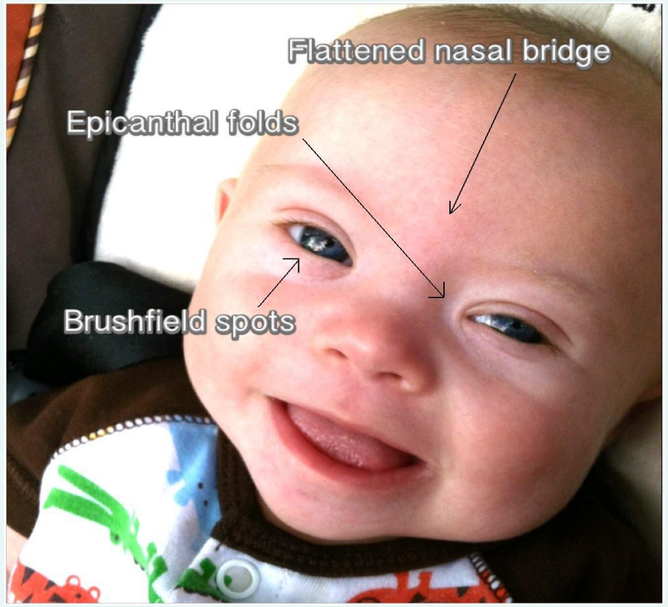
- Difficulty in learning about numbers, time, alphabets, etc.
- Difficulty understanding what is right or wrong and reasoning.
- Difficulty in problem solving.



Daily Tasks

- Difficulty in learning language; money, time, and number concepts; and self-direction.
- Difficulty in interpersonal skills, social responsibility, inability to follow rules/obey laws.
- Difficulty in doing activities of daily living (personal care), occupational skills, healthcare, travel, routines, safety, etc.

COMMON PRESENTATIONS



Small mouth & teeth

High arched palate

Delayed development

Common presentations of intellectual disability by age

Newborn	• Dysmorphic syndromes, (multiple congenital anomalies), microcephaly • Major organ system dysfunction (e.g., feeding and breathing)
Early infancy (2-4 mo)	• Failure to interact with the environment • Concerns about vision and hearing impairments
Later infancy (6-18 mo)	• Gross motor delay
Toddlers (2-3 yr)	• Language delays or difficulties
Preschool (3-5 yr)	• Language difficulties or delays • Behavior difficulties, including play • Delays in fine motor skills: cutting, coloring, drawing
School age (>5 yr)	• Academic underachievement • Behavior difficulties (attention, anxiety, mood, conduct, etc.)

SIGNS TO IDENTIFY IDD

- Sit up, crawl, or walk later than other children.
- Learn to talk later, or have trouble speaking and remembering.
- Slow to master things like toilet training, dressing, and feeding himself or herself.
- Have difficulty understanding social rules.
- Have trouble seeing the results of their actions.
- Have trouble solving problems and thinking logically.
- Reduced ability to learn or to meet academic demands.

PREVENTION OF IDD

Most cases of intellectual disability in children can be prevented. Preventing these risk factors can help prevent Intellectual Disability Disorder.

•Precaution should be taken during pregnancy to avoid any drug intake without prescription and avoid exposure to any radiation (like x-rays) and any injury.

•Good nutrition during pre-pregnancy and pregnancy period.

•Institutional delivery by trained health provider.

•Universal immunization of children with BCG, polio, DPT, and MMR.

•Creating awareness among public to remove the misconceptions.

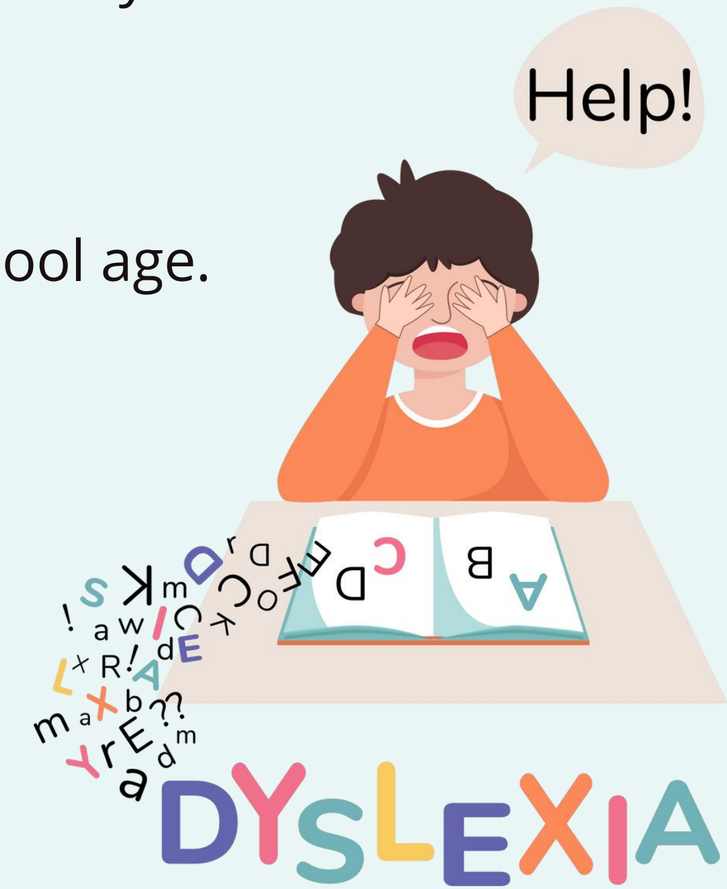
MANAGEMENT OF IDD

- **Pharmacological:** Medication will be prescribed by the Specialist
- **Your role:**
  - To dispense the medicines as per doctor's prescription
  - Counsel the parents on giving the medicines to the child
  - Refer the child back to the prescribing doctor if any side effects
- **Nonpharmacological:**
  - Counselling
  - Rehabilitation
    - Vocational rehabilitation
    - Training the child in activities of daily living (menstrual hygiene for girls)
    - Training the child about safe touch so that sexual abuse does not occur
  - Address caregiver burden

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD):

Inattention	Hyperactivity	Impulsivity
• Difficulty sustaining attention • "Silly" mistakes • Distracted • Forgetful • Avoid time-consuming activities • Loses possessions • Appears to not listen	• Fidgeting • Climbing trees, walls • Excessive energy • Difficulty relaxing • Talks excessively • Unable to sit in one place	• Answers before questions are completed • Interrupts other activities • Unable to wait for turn

- An externalising neuro chemical disorder
- Continuous inattention and/or hyperactivity-impulsivity.
- Disturbs functioning and/or development.
- This problem is found in children, during their school age.
- Occurs more frequently in boys than girls.



•Neurodevelopmental disorder.

•Cause is not clear; may have a genetic component.

•When not diagnosed, children with ADHD labelled as "naughty" or "irresponsible" and punished.

•Punishment can worsen behaviour.

•Without care and support they may drop out of school.

CLASSIFICATION AND ETIOLOGY

Classification

- Inattentive type
- Hyperactive-impulsive type
- Combined type

ETIOLOGY

The exact cause of ADHD is not known.
Factors associated with the disorder:

- **Genetic** factors
- **Environmental** factors: Lead exposure, food additives and preservatives
- **Psychosocial** factors: Family disharmony and emotional disturbance
- **Biochemical** theory: Deficit of dopamine and norepinephrine
- **Perinatal** factors: Infection, drug and radiation exposure during pregnancy

Presentations of ADHD

Inattentive

Easily distracted

Unorganized

Difficulty listening

Hyperactive/Impulsive

Difficulty sitting still

Rush through tasks

Make rash decisions

Combined

Symptoms of both presentations

verywell

SYMPTOMS OF ADHD

These are clubbed together based on three key symptoms

- Inattention
- Hyperactivity
- Impulsivity

Symptom	How a child with this symptom may behave
Inattention	Often has a hard time paying attention, daydreams
	Often does not seem to listen
	Is easily distracted from work or play
	Often does not seem to care about details, makes careless mistakes
	Frequently does not follow through on instructions or finish tasks
	Is disorganized
	Frequently loses a lot of important things
	Often forgets things
	Frequently avoids doing things that require ongoing mental effort
Hyperactivity	Is in constant motion, as if “driven by a motor”
	Cannot stay seated
	Frequently squirms and fidgets
	Talks too much
	Often runs, jumps, and climbs when this is not permitted
	Cannot play quiety
Impulsivity	Frequently acts and speaks without thinking
	May run into the street without looking for traffic first
	Frequently has trouble taking turns
	Cannot wait for things
	Often calls out answers before the question is complete
	Frequently interrupts others

MANAGEMENT OF ADHD AT SHC-HWC

If you suspect ADHD in a child:

•Inform and counsel the parents about your doubts

•Refer the child and parents through the MO to the psychiatrist or child psychologist

There are different treatments:

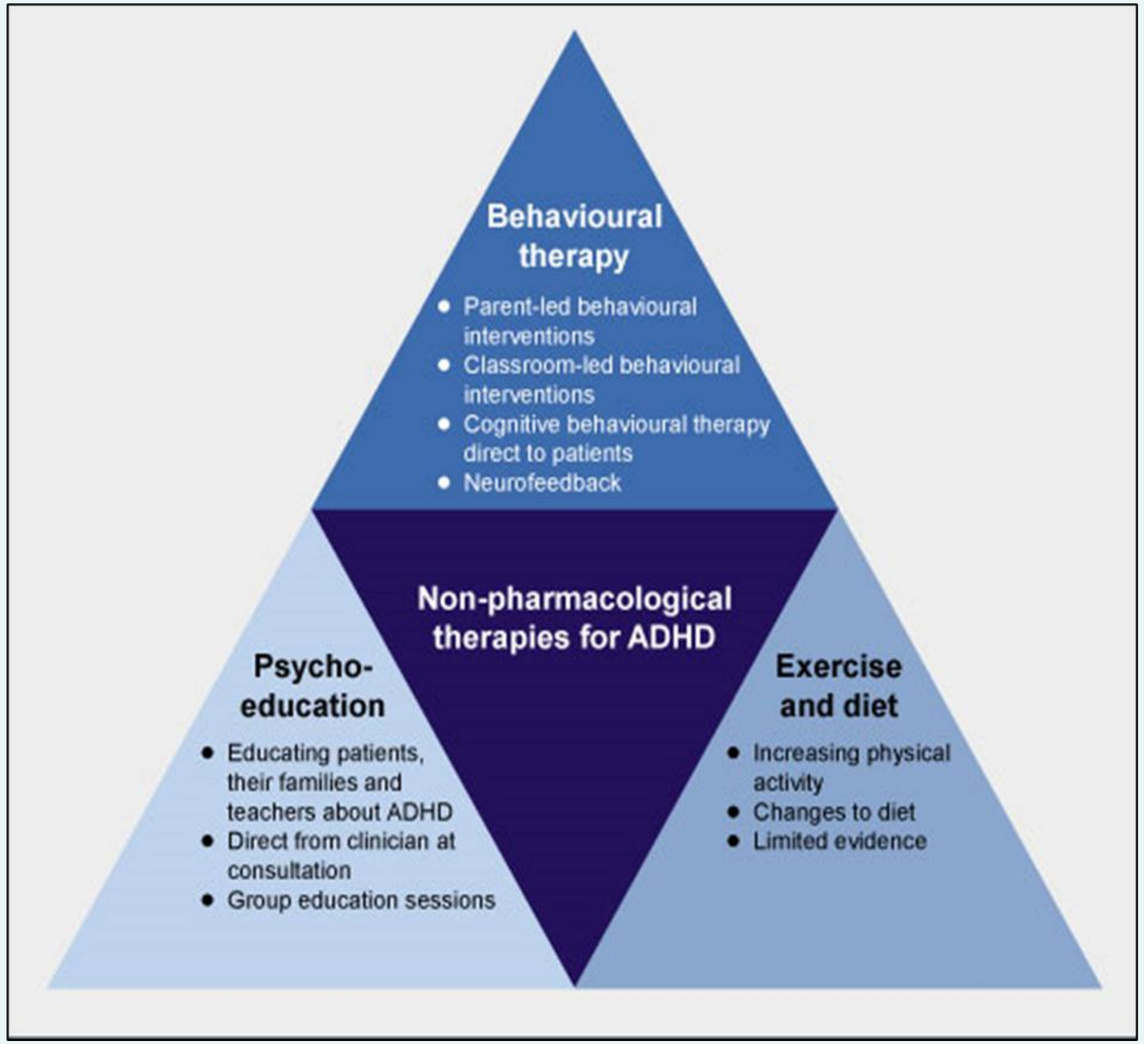
1.Psychological

2.Medical

3.Behavioural

NON PHARMACOLOGICAL MANAGEMENT OF ADHD

- Social skill training
- Behaviour modification technique
- Cognitive behaviour therapy



GUIDANCE FOR PARENTS

Guidance and Counseling for Parents

- Parents should accept the child.
- Help the child to complete the given work
- Shouldn’t compare the child with another child.
- Always provide unconditional love and support
- Help the child to face criticism.
- Help the child to understand their strength and weakness.
- Provide positive reinforcement and social rewards for acceptable and adaptive behaviours by using Token economy.

OTHER TIPS FOR PARENTS

To prevent injury	To improve social interaction	To improve low self esteem	To improve Attention
• Keep away sharp instruments • Provide safe environmentf or the child	• Develop a trusting relationship. • Explain about unwanted behaviours	• Keep realistic goals, • Provide opportunity for success, • Convey unconditional regard, • Give positive reinforcement for achievement	• Ensure the child's attention by calling his/her name and make eye to eye contact, • Assign simple steps and avoid giving complex work at a time • Enhance attention through colouring, grain sorting • Allow short breaks between work • Reward each step completion, • Reward for independent achievement based on Token economy

PHARMACOLOGICAL MANAGEMENT OF ADHD: ROLE OF CHO

Medicines may be prescribed by the Psychiatrist in some cases.

- You will dispense the medicines as per the prescription of the doctor.
- Counsel the parents on giving the medicines to the child strictly according to the prescription.
- In case of any serious side effects, you will refer the child back to the prescribing doctor.
- Arrange for follow-up visits at home by the HWC team to ensure that the medicines are being taken regularly as advised.

GUIDANCE FOR TEACHERS

The CHO can share these during visits to the school

- Create trust with child, communicate clearly, Give one instruction at a time
- Observe and listen, maintain eye contact Be specific & brief
- Use simple and easy assignment and games
- Make frequent checks to ensure that child is following Instructions correctly.
- Teacher should set behaviour goals, recognize suitable behaviour, and offer rewards.
- Help the students to learn to solve the problems.
- Encourage students to develop their interest-based activities.
- Utilize reminders (e.g. Write down in the diary or board).

WARNING SIGNS – RED FLAGS IN ADHD CHILD

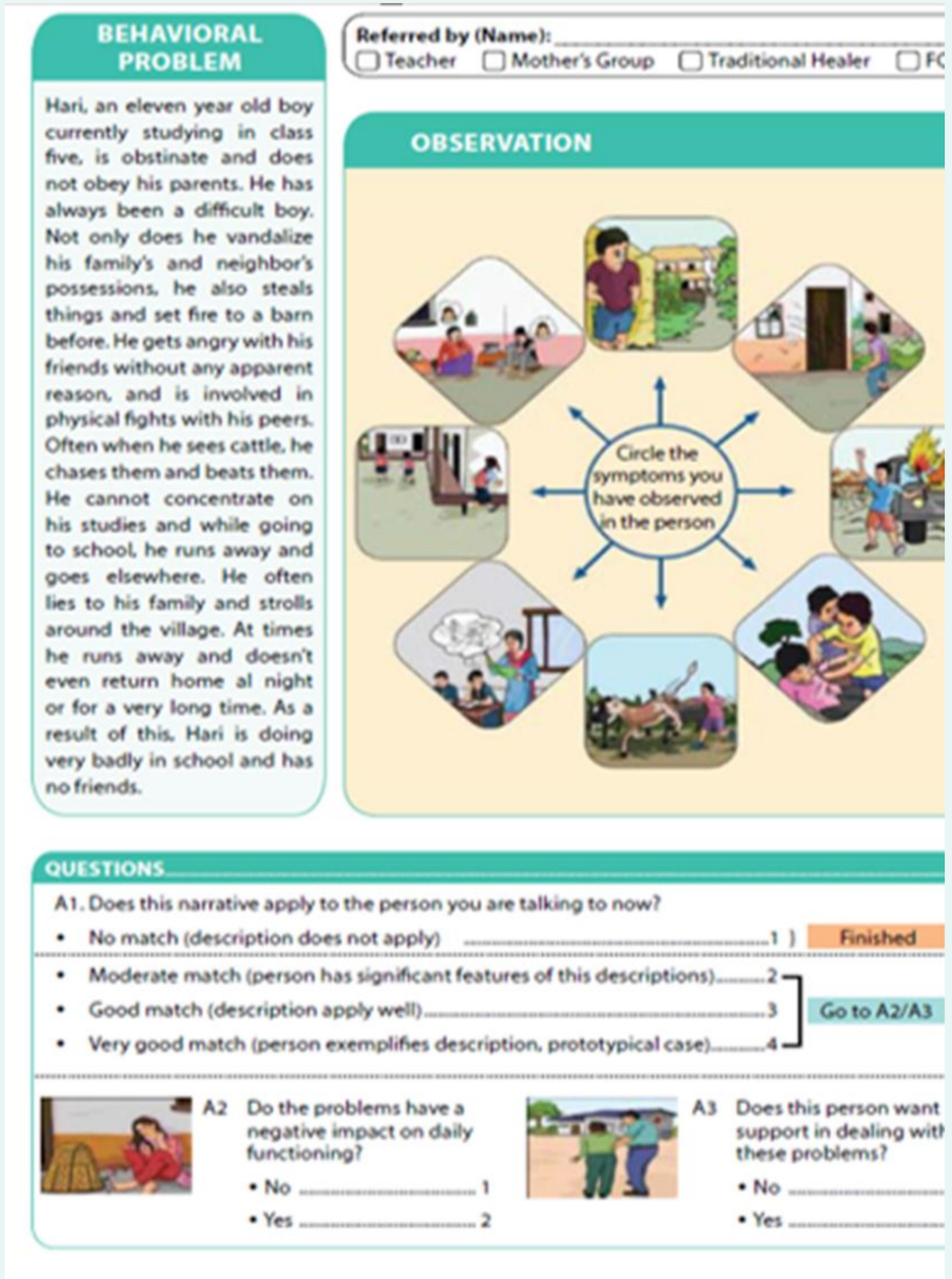
- Child looks very dull,
- Talks to self,
- Frequent complaints on child from teachers ,
- Continuous poor school performance and
- Involvement in social issues – violence etc.

SCREENING AND REFERRAL USING CIDT

- Any signs? Use CIDT to understand symptopms and help-seeking behaviour.
- Interact with family members/close caregiver to fill the tool.
- If the signs and symptoms match and at least one ‘Yes’ response is recorded in the last two questions, you will inform the parent and refer the child to SHC-HWC.
- CHO will assess the child/adolescent and may refer him/her to PHC-MO or specialist.

- If the PHC-MO/specialist confirms the diagnosis, treatment plan would be shared with CHO at SHC-HWC.

- You would provide the information about treatment to the parents and provide necessary support.



BEHAVIORAL PROBLEM

Hari, an eleven year old boy currently studying in class five, is obstinate and does not obey his parents. He has always been a difficult boy. Not only does he vandalize his family's and neighbor's possessions, he also steals things and set fire to a barn before. He gets angry with his friends without any apparent reason, and is involved in physical fights with his peers. Often when he sees cattle, he chases them and beats them. He cannot concentrate on his studies and while going to school, he runs away and goes elsewhere. He often lies to his family and strolls around the village. At times he runs away and doesn't even return home al night or for a very long time. As a result of this, Hari is doing very badly in school and has no friends.

Referred by (Name): _____

☐ Teacher ☐ Mother's Group ☐ Traditional Healer ☐ FC

OBSERVATION

Circle the symptoms you have observed in the person

QUESTIONS

A1. Does this narrative apply to the person you are talking to now?

- No match (description does not apply) ..... 1) Finished
- Moderate match (person has significant features of this descriptions) 2
- Good match (description apply well) ..... 3 Go to A2/A3
- Very good match (person exemplifies description, prototypical case) 4

A2 Do the problems have a negative impact on daily functioning?

- No 1
- Yes 2

A3 Does this person want support in dealing with these problems?

- No .....
- Yes .....

Thank You